Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4117AGC	A. BUILDING _____ B. WING _____	R 08/06/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT SIENA MEMORY CARE	2920 W HORIZON RIDGE PARKWAY HENDERSON, NV 89052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a required grading re-survey conducted in your facility on 8/6/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 40 Residential Facility for Group beds for elderly and disabled person and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 37. Six resident files were reviewed and six employee files were reviewed. The facility received a survey grade of A. The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review and interview on 8/6/09, the facility failed to ensure that 4 of 6 caregivers complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents(Employees #6, #12, #13, #14 had no evidence of a positive TB test). Severity: 2 Scope: 3	Y 103		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Surveyor: 11456 Based on record review and interview on August 6, 2009, the facility failed to ensure 1 of 6 residents received medications as prescribed (Resident #1). An order for Namenda 10 mg twice per day was discontinued on 6-18-09. Namenda was prescribed again with the same strength and frequency on a physician order	Y 878		

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Y 878	Continued From page 2 dated 7-29-09 from Hospice of Las Vegas. This medication has not been administered to Resident #1 since 6-18-09. This is a repeat deficiency from the 6/4/09 annual State Licensure survey. Severity: 2 Scope: 1	Y 878		